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# Articles of Organization Professional Limited-Liability Company

(PURSUANT TO NRS CHAPTERS 86 AND 89)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Professional Limited-Liability Company:</b> (see instructions)	
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below) <input type="text"/> Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code
<b>3. Name and Address of the Original Members and Managers:</b> (see instructions) <b>IMPORTANT:</b> <b>a)</b> A certificate from the regulatory board showing that each individual is licensed at the time of filing with this office must be presented with this form. <b>b)</b> Each Organizer, Manager and Member must be a licensed professional.	1) <input type="text"/> Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code 2) <input type="text"/> Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code 3) <input type="text"/> Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code
<b>4. Management:</b> (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) <b>OR</b> <input type="checkbox"/> Member(s) (check only one box)
<b>5. Profession to be Practiced:</b> (see instructions)	
<b>6. Name, Address and Signature of Organizer:</b> (attach additional page if more than 1 organizer)	<input type="text"/> <b>X</b> Name Organizer Signature <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address City State Zip Code
<b>7. Certificate of Acceptance of Appointment of Registered Agent:</b>	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> <b>X</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date <input type="text"/>

This form must be accompanied by appropriate fees.